

Out Of State Drug Wholesale Distributor License Application

☐ Full-line Drug Wholesaler \$590.00
 (Prescription and Non-prescription Drugs—not CSA)

☐ Controlled Substance Authority (CSA) \$115.00
 (Applicant must hold or apply for Full-line, or Sample Drug Distributor's License)

☐ Drug Wholesaler \$330.00
 (Over-the-Counter or Non-prescription Drugs only)

☐ Legend Drug Sample Distributor \$365.00
 (Complete forms DOH 690-076 & 690-077, if applicable)

License Cycle Oct 1–Sept 30

All application fees are nonrefundable

All blanks must be complete: If not applicable, enter N/A

This is for: <input type="checkbox"/> New Location <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Name Change Only (\$15.00 duplicate fee.)			
Type of operation: (check all that apply)			
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Reverse Distributor <input type="checkbox"/> Repacker <input type="checkbox"/> Pharmacy/Hospital Corporation Distribution Center <input type="checkbox"/> Distribution Center for Multiunit (Chain) <input type="checkbox"/> Other (explain) _____			
This wholesaler will ship to: (check all that apply)			
<input type="checkbox"/> Pharmacies <input type="checkbox"/> Hospitals <input type="checkbox"/> Licensed Healthcare Practitioners <input type="checkbox"/> Clinics <input type="checkbox"/> Retail Outlets (Shopkeepers) <input type="checkbox"/> Wholesalers <input type="checkbox"/> Other (specify) _____			
Type of products this wholesaler will handle: (check all that apply)			
<input type="checkbox"/> List 1 Chemicals <input type="checkbox"/> Legend (Prescription Drugs) <input type="checkbox"/> Veterinary Drugs <input type="checkbox"/> Controlled Substances–Schedule(s) _____ <input type="checkbox"/> Medical Gases <input type="checkbox"/> Medical Devices <input type="checkbox"/> Blood Products <input type="checkbox"/> Over-the-Counter Medications <input type="checkbox"/> Other (specify) _____			
Demographic Information			
LEGAL BUSINESS NAME			
BUSINESS LOCATION ADDRESS		CITY	STATE
		ZIP CODE	
FACILITY TELEPHONE		FACILITY FAX NUMBER	
RESPONSIBLE PERSON FOR FACILITY & TITLE			
RESIDENT STATE LICENSE/REGISTRATION NUMBER (ATTACH COPY)		DEA NUMBER	
DATE OF LAST STATE INSPECTION – (ATTACH COPY)		OTHER STATES OF LICENSURE	
CONTACT PERSON FOR REGULATORY ISSUES	TELEPHONE NUMBER		EMAIL ADDRESS

NAME AND ADDRESS OF CORPORATION/PARENT COMPANY, PARTNERSHIP OR PROPRIETOR			
CORPORATE ADDRESS			
CITY	STATE	ZIP CODE	OWNER'S TELEPHONE
STATE OF INCORPORATION	CORPORATE NUMBER		DATE OF INCORPORATION
Ownership Information—attach additional sheets as needed			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned <input type="checkbox"/> Limited Liability Company			
List names, addresses & titles of corporate officers, partners or owners			
NAME	ADDRESS		TITLE
Ownership and/or Location Change Information			
PREVIOUS OWNER'S NAME		PREVIOUS OWNER'S SIGNATURE	
PREVIOUS FACILITY NAME	PREVIOUS/CURRENT WASHINGTON LICENSE # FX _____	EFFECTIVE DATE OF OWNERSHIP CHANGE	
FACILITIES PREVIOUS ADDRESS			
Certification			
I, _____, being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application are true and correct.			
_____ Signature of Applicant		_____ Date	
Subscribed and sworn to before me this _____ day of _____, 20 _____.			
Notary Signature _____			
For the State of _____		SEAL	
Residing at _____			
My Commission Expires _____			
Official Use Only Washington State Records Center			